

Sign Out
Edit
View
Format
Chat/Help

Continue

Photo

Chart Details

Dominic Patient

Demographics

Go to E-Prescribe

Anaphylactic Reaction Reported
☐

Patient Information

Insurance Information

*Name (F,M,L,Suffix)

Dominic
A
Dominguez

*Date of Birth

5/21/1996

Unique Patient ID

1000010739500

*Gender

man

Refer to patient as

Dominic

SSN #

649-09-1639

Alt. Patient ID

☐ Homeless

☐ Bad Address

☐ Sample

☐ Chart

Address

1308 N Silver Street

Addr 2 / Appt #

County

Grant

City, State, Zip

Silver City
NM
88061

Best Phone

Home Phone

Country

US

☐ Home

☐ Work

☐ Cell

Cell Phone

(575)322-7527

Work Phone

ext

Email

Email 2

Portal

☐

Patient Status

☒ Active

☐ Inactive

☐ Pending

API

☐

Appt Reminders via:

☐ Email

☐ Text Message

☐ Phone Message

Employment Status

School or Employer

Grade

Marital Status

Sexual Orientation

*Ethnicity

Hispanic or Latino

Ethnicity 2

Religion

Annual Household Income

Family Size

Veteran

☐ Y
☐ N

*Race

Unknown

Race 2

*Preferred Language

English

Disability

Native American

☐ Y
☐ N

Tribal Affiliation

Other Names

Previous Address

Patient's Condition

Date Of Current Illness Onset

Date of Current Admission: From

Dates Unable To Work: From

Condition Related To Employment?

☐

Condition Related To Auto Accident?

☐

Condition Related To Other Accident?

☐

In treatment Previously?

☐ Y
☐ N

If yes, whe

Date Of Death

Preliminary Car

Release

☐ of Info

Patient

Calendar

Note

Assigned Providers

are allowed to sign

Notes for this Patient

Daniella Ramirez, CPSW

Role

X

Principal

< Select a Clinician >

< Multiple Clinicians >

Assign Provider(s)

Where Seen

Prime

SPIN Supporting

Add New Location

Med Rec

Red fields are required

Blue fields are optional but add info to clinical note.

* = Required for Meaningful Use

= Patient Has Accessed Portal

Show

Fields used by elec